University of Oradea, Department of Geography, Tourism and Territorial Planning

University of Szeged, Department of Economic and Social Geography

Coordinators:

Professor Alexandru ILIEŞ
Professor Gábor KOZMA
Professor Zoltan KOVÁCS
Professor Nicolae POPA

Authors:

Cătălin CREŢU
Szabolcs FABULA
Lajos KURUCZ
Gábor LADOS
Gábor LENKEY
Marianna MARINCSÁK
Zita MARTYIN
Ágnes PÁLÓCZI
István Zoltán PÁSZTOR
Katalin Csomane TOTH

REGIONAL DEVELOPMENT

AND

CROSS BORDER COOPERATION

Oradea, 2013

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Communication:

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Acknowledgement
This work was supported by the Hungarian-Romanian Joint Educational Project, number HURO/1001/184/2.3.1, titled „CROSS BORDER DOCTORAL PROGRAMS CONSORTIUM", part-financed by the European Union (European Regional Development Fund) and implemented under the Hungary-Romania Cross Border Cooperation Programme 2007-2013.

Descrierea CIP a Bibliotecii Naţionale a României
Regional development and cross border cooperation / coord.: Alexandru Ilieş, Zoltan Kovács, Gábor Kozma, Nicolae Popa. - Oradea: Editura Universităţii din Oradea, 2013
ISBN 978-606-10-1047-9

I. Ilieş Alexandru (coord.)
II. Zoltan Kovács (coord.)
III. Gábor Kozma (coord.)
IV. Popa Nicolae (coord.)

378(498+439)

Make-up Editor:
dr. Grigore Vasile HERMAN

Cover Design:
dr. Grigore Vasile HERMAN

Editura Universităţii din Oradea
Str. Universităţii, nr.1
Tel.0259.408.462
e-mail: editura@uoradea.ro
Editura Universităţii din Oradea is acredited by CNCSIS, cod 149

BODY POLITICS AND URBAN SPACES: DISABLED PEOPLE'S ENCOUNTER WITH AND RESISTANCE TO DISABLING URBAN ENVIRONMENTS IN HUNGARY

Szabolcs FABULA*
University of Szeged, 2 Egyetem Street, P.O. Box: 650, H-6722, Szeged, Hungary
e-mail: fabula.szabolcs@gmail.com

Abstract: The paper aims to gain a better understanding of the features of impaired people's socio-spatial marginalisation. It analyses the disabling character of different urban spaces, and the resisting strategies and techniques employed by disabled people in Hungarian context. For this purpose, it applies critical social theory, with special reference to two core concepts: embodiment and disablement. In addition, it analyses data gathered from semi-structured in-depth interviews conducted with 17 impaired persons in Békéscsaba (county town of Békés County). Its main argument is that the body has key importance in the socio-spatial oppression and resistance of disabled people in Hungary. The paper concludes with implications for social sciences and policy.

Key words: disability, disablement, embodiment, impaired people, resistance

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INTRODUCTION

According to Chouinard et al. (2010), geographical research on impairment, chronic illness and disability is now in its *„second major wave"*. As the authors argue, in this phase several new directions of research have emerged. These fields of interest include the reconceptualisation of disability; the connection between technology and disability; the role of and disabled people's engagement in policy and politics; and the embodied experiences of impairment and disability in space and place. This last topic is particularly important regarding the purpose of the present paper. The current focus on embodiment means that scholars rediscovered the significance of bodily experiences in the research on the geographies of disability.

Nevertheless, embodying disability geography does not mean that the body was absent from previous research. As recent studies demonstrated, in the modern and postmodern capitalist eras, one of the inherent features of urban (not only physical) environments is their *„hostility"* towards people with particular bodily differences – for instance, persons with impaired or chronically ill bodies (Imrie, 1996; Gleeson, 1998, 1999). One explanation for this hostility concerns the *„decontextualized"* structure of urban social spaces: in other words, it ignores the apparent diversity of human bodies. As a consequence, these spaces are mostly configured for an *„ideally average"* bodily form (Imrie, 1999). This kind of normalising practice is expressed in several spheres of urban life: in the physical architecture of workplaces and arrangement of labour (Hall, 1999; Butcher & Wilton, 2008), in health care services (Anderson & Kitchin, 2000; Hahn, 2003), in urban transport systems (Zola, 1979; Hine & Mitchell, 2001) or in housing design and provision (Gilderbloom & Rosentraub, 1990; Imrie, 2003, 2006; Gibson et al., 2012). The critical examination of urban environments can be gainful if it is used to create more accessible cities for people with impairments. However, besides environmental factors, the individual ones are also important. Becoming and being impaired or ill affects a person's self-esteem and identity. Identities, as several scholars argue, are not stable constructions of the selves but are fluid and spatio-temporally changing. Accordingly, alterations in impaired people's identity-formations and personal feelings depend remarkably on the way they experience their environment

One of the deficiencies of disability geography's so called *„second wave"* is the absence of experiences rooted in non-Western contexts, which is a prolonged problem within disability geography (Gleeson, 1999; Wilton & Evans, 2009; Castrodale & Crooks, 2010; Chouinard et al., 2010). As some researchers (e.g. Gleeson, 1999; Gaines, 2004) suggest, similarly to North American and Western European countries, the social spaces of Eastern and Central Eastern European countries are also ableist in the post-1990 period. After the socialist era, these spaces shaped dominantly by mechanisms of global capitalism. Thus, impaired and chronically ill persons probably face similar problems in urban spaces to their Western counterparts, and this implication is supported by evidence gained from recent studies (see e.g. Fabula, 2009, 2011).

The general aim of this paper is to better understand the features of impaired people's socio-spatial marginalisation, and to contribute to progressive social change. For this purpose it provides a critical analysis of the disabling character of urban spaces of Békéscsaba, the seat of Békés County (Hungary). Moreover, it examines the

* Corresponding Author

different strategies employed by impaired persons against disabling environment. Accordingly, two main research questions are addressed. On the one hand: what kind of disabling socio-spatial structures and processes can exist in a Hungarian urban area? On the other hand: what forms of resistant acts are employed by impaired people against the disabling urban milieu?

The main argument of this paper is that the body has key importance in the socio-spatial oppression and resistance of disabled people in Hungary. To support this argument, primary as well as secondary data is drawn on. Two core concepts are integrated in the analytical framework: embodiment and disablement. According to these concepts, the human body is not only a physical entity but a product of cultural practices as well. The concepts also shed light on how the interactions of power relations, space and place turn the bodies into the sites of regulation, oppression, control and resistance. These theoretical tools, overall, help the interpretation of disabled people's spatial experiences. In addition, semi-structured in-depth interviews were conducted with impaired persons in Békéscsaba (county town of Békés County, Hungary).

Besides the introduction, the paper is divided into four sections. In the first section, the theoretical framework of the study is developed. This section has three subsections. In the first one the major explanations of the disabling character of contemporary Western capitalist cities are briefly presented. The following two subsections concern with the core concepts of the study: embodiment and disablement. In the second section, the context and the method of the empirical research and personal data of the research participants are delineated. In the third one, major findings of the empirical research are revealed and discussed. Finally, the paper concluded with the restatement of the main argument and an attempt to propose some potential scientific and practical applications of the idea.

THEORETICAL FRAMEWORK

Disabling capitalist cities – different explanations

There is considerable evidence demonstrating the disabling character of modern and post-modern, *„Western"* capitalist cities (see also the introducing section). Formulate it in a slightly different way: the social space of these urban areas is an oppressive formation for persons living with distinct impairments, chronic illnesses or other bodily or mental differences. The disabling character can express in several forms. For instance, the insufficient physical planning and design of the built environment often result in a landscape full of barriers impeding free movement of impaired people (Imrie, 1996; Imrie & Kumar, 1998). Furthermore, due to social beliefs, fears and the lack of information on impairments and diseases, the differences in bodily appearance and behaviour can be the bases of stigmatisation and negative discrimination in everyday life. Moreover, in many cases impaired persons internalise the negative notions on impairment and disability (Shakespeare, 1993; Campbell, 2008) which hinders the development of a positive self-esteem and identity *vis-á-vis* their own bodily state. As a consequence, exclusion from participation in mainstream social flows, spheres and activities (e.g. education, labour market, housing market) are everyday realities for lots of impaired people. Summarily, material and discursive practices can situate impaired people as socio-spatially marginalised, oppressed, *disabled.* Understanding the mechanisms of the disabling social space and promoting progressive changes for greater equality are urgent tasks for spatial sciences, for example disability geography.

The relationship between disability and urban spaces has been examined from various different perspectives. The author of this paper has no intention to provide a comprehensive analysis of this remarkable body of literature. However, a short review of the different approaches can contribute to a better understanding of why the above mentioned concept (*„the body as a site of control, oppression and resistance"*) has been applied to this paper's analytical framework. For example, adopting individual or behaviourist approaches to disability, patterns of the impaired people's space usage and barriers to their mobility have been identified. Moreover, the enabling and empowering potential of assistive devices and techniques have been evaluated (Golledge, 1993; Vujakovic & Matthews, 1994; Matthews & Vujakovic 1995; Matthews et al., 2003). Other scholars focus on civil rights and social justice and assess the role of public policy in the creation of accessible or inaccessible urban environment (Hahn, 1986; Kitchin & Law, 2001; Imrie, 2003). There are other approaches, concerning the structural causes behind the disabling nature of urban spaces. For instance, grounded principally on Marxist political economic theory, a historical-materialist approach to disability has been developed (Oliver, 1990a, 1999; Gleeson, 1997). From this perspective, the capitalist mode of production and arrangement of labour devalue the abilities – and as a consequence, the labour power – of people with particular impairments. Applying Henri Lefebvre's (1991) concept which states that each mode of production produces its own space, the followers of the materialist approach suggest that the devaluation of impaired people is reflected by the social space of the capitalist mode of production. As a consequence, industrial capitalist cities are more disabling formations than their feudal predecessors (Gleeson, 1998, 1999). Beside materialist explanations there are others emphasising the relevancy of social constructivism in the creation of disabling social space. Simply stated, social constructivist approach suggests that the disability phenomenon cannot be originated only in economic conditions since socio-cultural processes are important as well. One of these processes is the formation of individual and collective Selves. In Western societies, according to psychoanalytic theory, this formation is conjoined with the definition of what belongs to the Self and what does not. This discursive process leads to the demarcation from those who do not belong to the Self, so this is a differentiation between the *„I"* or *„Us"* (the Self) and *„Them"* (the Other[s]) (Staszak, 2009). This *„othering"* is irrespective of the modes of production, since it is a cultural practice developed by persons during their socialisation (Kitchin,

1998). The Self/Other dyad is often linked to other binary categories, like good/bad, pure/dirty, normal/abnormal. Human body is one of the levels onto which these binary categories are inscribed and spatial boundaries of Western cities reflect the opposition between the bodies of the dominant Self/Selves and the bodies of the Others (Sibley, 2001). Bodies with particular impairments and illnesses (e.g. without a limb) are examples of *„other bodies"* and the configuration of social space serves to exclude (e.g. with the lack of accessible entrances to buildings) or to keep them *„in their place"* (Dear et al. 1997; Wilton, 2003).

As it was mentioned above, this section provides only a short review of the different approaches to the same problem for two purposes. Firstly, this evidence demonstrates that contemporary capitalist cities are apparently disabling for a lot of persons living with impairments and chronic illnesses, and this disabling character stems from different sources. Secondly, it serves as a basis for the development of this paper's analytical framework. The cited studies are partial in their explanation, which should not be regarded as an error *per se*. Rather it can be perceived as a challenge for geographers to find tools which grasp more and more aspects of the complex disability phenomenon. There are also attempts to synthesise the strengths of different approaches. For instance, Kitchin (1998) *„combines a spatialized political economy with social constructivism"* (p. 343) and emphasizes the importance of power relations in the socio-spatial oppression of disabled people and in their resisting acts to this oppression as well. Discursive and material aspects of disability, as well as power and resistance are key concerns of this paper as well, but it attempts to broaden the inquiry with concepts of the human body.

Embodiment

For the purpose of the analysis, the paper employs two concepts: embodiment and disablement. *Embodiment*, simply stated, conceptualizes the human body as a principally physical entity which, however, is constituted by material *as well as* discursive processes simultaneously. The body is a biological system with a well-defined corporeality, (confined by the skin). However, this body is also shaped by cultural practices, thus the body is embedded in wider social relationships. Applying this conceptualisation of the body, it is possible to examine the effects of material conditions on social relations, without falling into the pitfall of either social or environmental and biological determinism (Bakker & Bridge 2006).

The utility of the embodiment-concept in geographical research has been demonstrated, mainly by feminist scholars. For instance, Moss and Dyck (2003) identified three aspects of embodiment. Firstly, the body can be perceived as *„a site of regulation, oppression and control"*. This statement implies that categories like race, gender or disability are not natural bodily differences but social constructions. Dominant social groups (basically white, middle-class, heterosexual, able-bodied men) have the power to categorise the *„other"* bodies, different from theirs. Moreover, the members of the subordinate groups are identified by their bodies, while people from the dominant one have the privilege to be *„abstract, disembodied"* agents (Young, 1990; Simonsen, 2009). This differentiation is reflected in the mind/body dualism which is connected to other binary categories, like rational/irrational or masculine/feminine, and in Western culture the formers are privileged over the latter ones. For the members of the dominant group, a result of their disembodied existence is an *„outside observer"* role. In their opinion, this role is the indispensable prerequisite of *„objective, real"* knowledge of the World. Following this logic, the knowledge of subordinate groups cannot achieve legitimacy, since these people are not able to free themselves from the materiality of their bodies. This is one of the reasons why Western geography ignored the body in research for a long time and constructs such *„dirty topics"* as inferior within the discipline (Longhurst, 1997). In opposition to the notion of *„disembodied, universal knowledge"*, Haraway suggests that objectivity is always an *„embodied objectivity"*. This knowledge is never intended to be total and universal, rather it is partial, context-specific; a *„situated knowledge"*. To achieve this kind of objectivity, one should necessarily position him-/herself in space through the body (Haraway, 1988, 1991). This leads to the second point of Moss and Dyck's argument

The body has an important role in the formulation of human subjects in time and space. According to Pratt (2009, p. 728), subjectivity *„grounds our understanding of who we are, as well as our knowledge claims"*. From the perspective of situated knowledge (outlined above), objective knowledge can be obtained through the body. The character of this knowledge is determined by the relationship between the embodied observer and the other entities located in space. These *„other"* entities are objects for the subject but the subject is also an object for others, so the positioning works vice versa. Consequently, to be an embodied subject one has to possess a corporeal body *and* this body has to be inscribed by other social entities (Grosz, 1995). Social relations, however, allows for different positionings in different situations. Thus, the embodied subject is not a one-dimensional entity.

The third aspect concerns the dismantling of dualisms with the reconceptualisation of the body. The various dualisms are based on the assumption that social differences are constructed around fix, stable boundaries. However, according to feminist thinking, categories like sex, gender, race and disability (and the connected identities) are fluid and dynamic (Simonsen, 2009). They are changing in time and space. With the recognition of this instability and the dismantling of dualisms, theories *form* the body can become the basis of resistance to oppressive social practices and discourses. For instance, body politics which emphasise the spectrum model of disability can challenge the disabled – non-disabled dichotomy. In the last decade, geographers concerning disability have recognized the importance of embodied notions of difference, and they started investigating the complexity of the disability phenomenon.

Disablement

The second core concept of the analytical framework is *disablement*. It is defined by Crooks and Chouinard (2006, p. 346), from a geographical perspective, as an *„embodied process of becoming and being ill in place(s) and over time in ways that have disabling outcomes for individuals"*. Although Crooks and Chouinard employed embodiment for their research mainly with people with rheumatic or arthritic illnesses, this concept is applicable to other bodily states as well. This argument will be supported by evidence presented in a latter section of this paper. Regarding disablement as an embodied process means that the human body is a biological formation and a social product/construction. Thus, embodying disability is a notable step towards the dismantling of the biomedical-social dichotomy in disability research. The formerly dominant medical/individual model defined disability as a loss, deficit or error; a direct outcome of the individual's impaired or ill body (Oliver, 1990b; Jacobson, 2006; Wilton & Evans, 2009). In opposition to this concept, the social model was created by British scholars and activists. This model implies a major theoretical shift, since it states that disability is caused by society, not the individual's bodily or mental state. Disability is not a medical condition or functional limitation but a form of social oppression (Oliver, 1990b; Shakespeare, 2006). Accordingly, the social model separates impairment (as a bodily attribute) and disability (as a social construct). It is an effective political tool for the mobilisation of disabled people against oppression but the social model has been widely criticised because of its neglect of impairment and impairment's effects on the disability experience (Pinder, 1995; Shakespeare & Watson, 2002; Oliver, 1999; Freund, 2001; Watson, 2004). However, adherents of the social model suggest that impairment itself also can be a social product (Abberley 1987; Barnes & Mercer, 2004). Disablement is similar to this idea in the respects that it perceives impairment and different impairment-related bodily conditions – like pain, fatigue, malnutrition, depression and shame – as socially constructed (Chouinard et al., 2010). Impaired people's experiences are actually the results of interaction between their changing bodies and its environment.

The process of disablement influences the spatiality of individuals' life in different ways. Impairments and chronic illnesses can affect the given persons' wellbeing alter their abilities to carry out particular activities in socially acceptable or preferable manners (e.g. finish a job at the workplace in a given time). As a consequence, there can be a remarkable change in the daily temporal and spatial structures of the person's life. During the development of an impaired or ill bodily state, particular spaces become more prominent in the individual's everyday life, while the importance of others decreases. For instance, impaired and ill persons probably spend more time at home or in spaces of health care than before their health problems appeared; whereas they are often excluded from the workplace. Changes may also occur in the individuals' self-esteem, identities and the meaning of different spaces and places of their everyday life, in a geographically and temporally uneven manner (Dyck, 1995; Crooks, 2010; Crooks & Chouinard, 2006). For example, the dominant representation of home in Western culture conceives it as an ideal place of security, intimacy and tranquillity. In opposition, for lots of impaired and chronically ill people the home is a site of restraint and dependence due to, for example, the physical layout of the buildings (Imrie, 1996, 2010; Crooks, 2010). This exemplifies the possible disabling outcomes of becoming and being impaired or chronically ill in space.

However, impaired people are not passive and powerless to disabling social processes, practices and structures. Different spaces offer different opportunities for resistance and for the development of enabling, empowering solutions. For example, according to Imrie (2010), impaired persons can gain greater control over their life by spatial rearrangements of domestic space. Crooks (2006) demonstrate how medical information about their health status obtained from the Internet can help ill women to challenge dominant hierarchical, patriarchal, unbalanced doctor-patient relationships in spaces of health care. Davidson and Parr (2010) reveal how people living with autistic conditions or mental health problems create enabling spaces of difference. In traditional offline spaces these persons are often perceived as deviant because of their body language, gestures, facial expression or tone. In the virtual spaces of the Internet the possibility of written communication enables them to express their feelings and thoughts eschewing the threat of being labelled *„abnormal"* by others. Moreover, communication with *„able-bodied and minded"* people can contribute to the better social understanding and acceptance of body-mind differences. Summarily, these examples highlight some of the modes in which impaired people resist disabling power relations by acting through their bodies in space. This resistance can contribute to the break of the systematic socio-spatial marginalisation of disabled people by challenging *„taken-for-granted"* socio-spatial formations. Critical social scientists can support this struggle by discovering the power relations behind these disabling socio-spatial formations and striving to find new, more effective techniques of resistance.

EMPIRICAL RESEARCH – METHOD

For the purpose of the study, semi-structured in-depth interviews were conducted with 17 impaired and/or chronically ill persons in Békéscsaba (county town of Békés County, Hungary) between September 2010 and August 2011. The interviews in question are parts of the author's doctoral research and were chosen specifically for this study. Two main selection criteria had been set for the participants. Firstly, each of them should have some kind of physical impairment and they should be regarded as disabled person (i.e. they are handicapped by their physical and/or social environment). The second requirement was that each of the participants should be either residents of urban centres or their daily activities should bound up with such an area. At the time of data collection 15 interview partners resided in Békéscsaba and two in other settlements (Orosháza and Szabadkígyós) of the County, but the latter two people also visit Békéscsaba regularly (on a daily basis or more times a week).

The participants were recruited through two local actors: the first one is a disability advocacy organisation called the Association of the Blind and the Visually Impaired of Békés County and the second one is the Nursing and Caring Home for Handicapped Children of Békés County. The author of this paper contacted the institutions and they circulated a call for participation among their members, so the participation was voluntary. From the interview partners twelve were members in the first and five in the second institution. At the time of data collection eleven of the participants were visually impaired; three lived with locomotor diseases (each of them were wheelchair-users); one with hearing impairment and two was mentally impaired. To ensure anonymity, pseudonyms were given to the research participants and they are referred by these names in the text.

For the locations of the interviews, the clubhouse of the organisation was chosen on the one hand and the caring home on the other. The reason for this was to ensure that the participants were in a familiar environment and they felt comfortable as much as possible. The interviews lasted from 36 minutes to two hours and their average length was 76 minutes and conducted by the author of this paper. Each of them was tape-recorded and transcribed verbatim.

Conversations with impaired people were structured around several different topics: career and de; state of health; education and occupation; civil participation and networking (e.g. involvement in organisations); the home as an experienced micro-space; transport; use of space; identities (with special regard to the impact of impairments); living conditions (e.g. income, disability benefits and other sorts of material support). Analysis focused on different themes (negotiations with impairment and changing abilities; negotiation with environmental and social barriers; resistance to disabling conditions; formulation of self-esteem and identities) and different spaces (private, semi-public and public; home, workplace, spaces of education, spaces of consumption).

RESULTS OF THE EMPIRICAL RESEARCH

According to the concept of disablement, becoming and being impaired or ill is a spatio-temporal process. It is determined by changes of different factors in space and time. *„Different factors"* means that disablement can be examined from several perspectives. For instance, the abilities of the individual alter with ageing or the development of an impairment or illness, and these abilities can differ remarkably from those of the *„average"* human beings. Nevertheless, temporal changes are not always successively onward since human abilities can fluctuate. As a consequence, symptoms are unnoticeable in particular periods but can be severe in others (see illnesses like Multiple sclerosis or Fibromyalgia syndrome). Moreover, symptoms can rise unpredictably letting the individual no time to prepare for this.

This situation can lead to a sense of insecurity and shatter the person's daily routine (Dyck, 1995; Crooks, 2007, 2010). Such experiences are also voiced by Eleanor (45, visually impaired), one of the interview partners:

> *„...it can't be found out what makes my eyes inflamed. Anything, nervousness, changing weather, several things can trigger that."*

This unpredictability affects the individual's relation to her/his environment. Performing formerly taken-for-granted activities becomes a difficult, sometimes impossible.

> *„In the evening or in growing darkness I can't walking around safely"* (Theodore, 36, visually impaired).

Such changes have influence on an individual's self-esteem as well. As Eleanor states,

> *„...I can't declare myself complete, because I am trying to live a full life, but there are situations in which I am not completely nor...or healthy (Eleanor, 45, visually impaired).*

The „incomplete person" idea mirrors the influence the individual/medical model of disability. This model is still dominant in 21st Century Hungary. However, several respondents recognized the role of the environment in the process of becoming disabled.

> *„... price-tags, and walking, stairs... When my eyes are better a bit, it is obviously better for me, because then I see and I am walking more cautiously; it only troubles me when I see dimly (Eleanor, 45, visually impaired).*

The citations above suggest that in particular situation impaired people become disabled. This situation, however, is only partially a result of their altered/altering personal abilities. The quality of the environment is also decisive as the last citation indicates (price-tags, stairs). The form of these objects does not fit to Eleanor's bodily capacities. According to the medical model, this incompatibility is caused by the individual's body and its losses (as a result of impairments or illnesses), but the concept of disablement suggests that it is the environment which is disabling. Accordingly, abilities are changing during the development of impairments or chronic illnesses, but the individual experiences disability because of the features of different spaces.

The data gathered from the interview partners suggests that the urban spaces of Békéscsaba are disabling for this particular group of impaired people. Therefore, the findings of this case study concur with Western experiences (see above). The disabling character has several components. For example, for persons living with locomotor and sensory impairments one of the greatest problems is the physical layout of urban spaces (see also Fabula, 2009). The configuration of the built environment generally expresses ableist norms. Several objects in urban spaces, which perceived *„natural"* by the majority of the society, are barriers for those whose bodies differ from the average (e.g. lack of dropped kerbs; pedestrian crossings without acoustic signals).

The interview partners identified several physical barriers; nevertheless, it can be worthwhile to notice that there are not universal barriers for each type of impairments. Assistive devices or objects for the members of a particular group can be barriers for others. For example, while kerbs hinder the personal mobility of wheelchair-users, they serve as orientation points for blind and visually impaired people because of their tactility. Consequently, environmental accommodations (like ramps) can improve the everyday life of impaired people, but several scholars and professionals argue that a *„fit-to-all"*, universal design cannot be achieved (Bromley et al., 2007). Thus, besides the enumeration of barriers, it is important to analyse power relations which result in the disabling character of urban spaces.

Disabling power relations operate in and accross spaces in the urban area of Békéscsaba. The spaces of paid work, consumption, education, health care and other semi-public or public spaces, moreover, in some cases even the home environment are included. In Western societies, spaces and places have a normalising function: space and place determine where and where *not* a particular person belongs to (Cresswell, 1996). In urban spaces, some bodily forms and behaviours are regarded as natural, others are tolerable and particular form are responded, sometimes violently (Butler & Bowlby, 1997). These norms are social constructions and results of dominant discourses on the body. According to the evidence gathered from the interviews, urban spaces in Hungary are similar to those of Western cities in several respects.

Spaces of paid work, for instance, could be exceedingly disabling because the capitalist mode of production prefers *„normal, average, able"* bodies. This is a normalising sphere where standards exist (e.g. strict time-tables, profit-rates). Moreover, in particular jobs, especially in the service sector, certain types of body management are required, which involve for instance personal hygiene, clothing and gesticulation (Hall, 1999). For people living with impairments or chronic illnesses activities like sitting, standing monotonously or watching a computer screen are extremely exhausting physically as well as mentally (Dyck, 1999).

> *„...to finish my job I had to often stay there* [workplace] *after hours; and I couldn't finish it in time because I worked with a magnifying glass and that slowed the work down* (Gareth, 65, visually impaired).

> *„At other places I was always told I was slow... I sew slowly; my hands are slow... Here,* [sheltered workplace] *I am perfect* (Geraldine, 30, mentally impaired).

As a result of environmental barriers and inadequate layout, negotiating urban spaces is difficult for several people with particular impairments or illnesses. Thus, it is possible that many *„able-bodied"* employers conclude by assuming these people incompetent for different tasks. Such beliefs contribute to the marginalisation of disabled people in the labour market.

> *„As a consequence of prejudice, it happened that I knew I could do that job but I would not be hired"* (Gregory, 28, visually impaired).

This marginalisation has serious effects on these persons' material circumstances. It is an axiomatic statement that disabled people are overrepresented among the poorer social groups (UN 2011; WHO 2011). But regarding the effects on living conditions, there other crucial spheres, for instance education or health care. These spheres also have normalising spaces and their professionals have gatekeeper role. This is confirmed by the next citation from the interview conducted with Emma. She was born with a body size remarkably smaller than the average and her adult height does not exceed 138 centimetres. After secondary school she prepared to start a teaching career but – in her opinion – she was not allowed for it because of her height.

> *„...that was the so called Kádár-regime* [between 1956 and 1989] *but as far as I know the recent regime also maintains an authoritarian education policy, thus a pedagogue has to express authority with his/her stature as well. So they* [the parents, teachers] *feared the students would laugh at me or mock me"* (Emma, 60, visually impaired).

In most of Western societies, education systems are still based on hierarchy and unbalanced power relations between teachers and students. These power relations, on the one hand are specific to the spaces of education. For instance,

the nature of such relationship can change outside schools and academic buildings. On the other hand, the organisation of these spaces expresses the power relations (e.g. in lecture rooms teachers stand in front of the students, sometimes on a podium). The body of Emma was assumed to be unfit for such spaces and inappropriate to occupy the position of the more powerful in the above mentioned power relations. The story of Emma exemplifies how dominant social discourses serve to construct the representations of *„the ideal"* body (not too short and not too high) and reproduce the very materiality of the body in particular spaces.

Education, in general, has a remarkable effect on a person's social status and pedagogues have a gatekeeper role. Normalising can be detected at different levels of the education system. Those students who differ significantly from the average are often separated in *„special schools"* (some interview partners have common experiences of such a school in Debrecen). These institutions provide enabling environment for impaired children but the curriculum can differ from that in mainstream education. This fact determines latter studies and labour-market opportunities.

> *„...I thought then that the qualification we got there* [in the special school] *was worse than that obtainable in a normal elementary school"* (Gregory, 28, visually impaired).

It is not the intention of this paper to provide a comprehensive review of the reproduction of social inequalities. Nevertheless, the data suggests that normative expectations of different spaces situate those whose bodily appearance or behaviour differ from the norms.

Policing mechanisms of public and semi-public spaces are represented by the next citation from Gregory, who has partial visual impairment. Since Gregory is partially sighted, he is able to read small letters from a close range but this range – in particular contexts – deviate from social norms.

> *„... for example, as I look everything at short range, and there has already been precedent when I was thought to be a thief or something. And then the security guard came to me and asked: what's up?"* (Gregory, 28, visually impaired).

The attitude of others towards impaired people's *„deviant"* behaviour often changes when the impairments become transparent (see e.g. Butler & Bowlby, 1997). It is echoed also by some of the respondents.

> *„They* [other visually impaired persons] *do not indicate that they have a poor vision, and then they are sometimes told some offensive remarks. As I take my white stick with me, this does not happen with me. On the contrary I am treated rather courteously; people even care too much about me"* (Ivan, 48, visually impaired).

Since in Western culture disability, impairment and illness are usually associated with negative images and assumptions, several people hide the symptoms and signs of their altered health status and strive to conform to social norms. However, as the interview partners suggest, they are treated differently after indicating unambiguously that they are impaired. This could be interpreted as a positive sequel. However, its manner gives ground for scepticism. The fact that attitudinal changes occur *after* the indication suggests that *„able-bodied"* persons do not accept the difference as natural (Hansen & Philo, 2007), but decrease their expectations for disabled people. This idea is reinforced by the opinion of Joseph (36, visually impaired).

> *„...someone gets confused, others are willing to help. Someone asks me, it is the better scenario. Someone extremely wants to help me, that is a worse scenario".*

Similar experiences could have a double-effect. On the one hand, they can increase dependency because they socialise disabled people as objects for help and charity, instead of struggling for more enabling environments. On the other hand, claiming impairment can be a step in the formulation of a positive disability-related identity.

Enabling and empowering spaces can influence a person's self-esteem and identities. For example, people generally can exercise a higher level of control over their domestic spaces. The layout of the home can be modified by its owner easier than other spaces of the city. By different modifications, an impaired person will be able to perform more activities and, as a consequence, she/he will be more self-confident and more resistant to ableist notions which emphasise the powerlessness and dependency of disabled people.

> *„At home I put everything to its place, so each little cupboard, the glasses, the plates have* [their places]*; so I arrange it... because I couldn't bear to be served* (Margaret, 64, visually impaired).

> *„...I have grown up there, I am familiar with that house, so I know where different things are, even when it's dark; thus modifications were not necessary"* (Gregory, 28, visually impaired).

Other spaces, outside the home, also can be enabling. For example, spaces of the above mentioned schools for children with *„special"* education needs also belong to this category, like the one in Debrecen, mentioned by interview partners.

> *„Here [at the special school] it was natural that everyone has a bad vision, and we accepted each other. And in this respect it was good; there were not problems with that* (Gregory, 28, visually impaired).

Sheltered workplaces can also be mentioned (see the above quotation from Geraldine). These institutions are not for-profit; their main purpose is rehabilitation. Organisation of work here is accommodated to the abilities of impaired and ill persons. Such spaces and places have several positive effects on their employees: wages improve the living conditions; workplace collective foster social networking; *„meaningful"* activities can help persons (re)claim and maintain a high self-esteem (Fabula 2012).

The number and quality of impaired people's interpersonal relationships usually change due, in part, to their restrained mobility and spatial isolation (see e.g. Dyck, 1995; Crooks, 2010). However, membership in organisations like the Association of the Blind and the Visually Impaired of Békés County can give chances to enhance social networking. At the time of data collection, most of the interview partners (12 from 17) were members of at least one disability advocacy organisation. The membership, as a form of civil participation, can also foster positive disability-related identities (Shakespeare, 1993).

> *„...I joined this community and I have learnt a lot about people and about my self-esteem; so it is about accepting myself, and I can owe a lot* [for the organisation], *and thus I don't mind that my life has taken this course...* (Gareth, 65, visually impaired).

Disability-related identities are under permanent changing (Crooks, 2007; Crooks & Chouinard, 2006). Some of the respondents regard his/her impaired body as a medical question, whereas others perceive impairments as a constituent of their own subjectivity.

> *„...my attitude to life is a result of* [the status of] *my eyes. So they are part of my personality* (James, 24, visually impaired).

Such statements indicate some sort of distancing from the biomedical approaches which deem disability as a *„personal tragedy"* (Oliver, 1990b). In this chapter it was demonstrated how people with impairments can be rendered disabled by normalising spaces and ableist, oppressive power relations. For those people, however, who reject the internalisation of ableist norms, their body can become a site of resistance. Resistance can be more effective if it is supported by collective political action. The Association of the Blind and the Visually Impaired of Békés County, for instance, is quite active in this respect. In their actions they often demonstrate to sighted persons the problems disabled people has to face. For example, they blindfold volunteers who then have to navigate with the help of a white cane and a visually impaired assistant (figures 1 and 2).

Figure 1. Visually impaired persons with local politicians in the streets of Békéscsaba [1]

[1] *beol.hu*

Figure 2. Visually impaired people's performance with pupils in a classroom (Békés County) [2]

Different spaces are chosen as locations for the actions, like schools or the public spaces of streets; and sometimes the participants are members of the most powerful social groups (e.g. politicians). The main goal of the organisation is to gain recognition for the everyday problems facing disabled persons and to alter social attitudes towards these people. From a geographical perspective, such actions have, at least, two implications. Firstly, disabled people use their bodies as sites of resistance but they are able to *„export"* this resistance to so-called „able bodies". Secondly, those spaces which are definitely normalising (in education for instance) are turned from spaces of oppression and control to sites of resistance. As it was represented, dominant social groups' inscriptions on their bodies situate impaired people as inferior and reproduce the disabled/able dualism. In opposition, the resistive technique outlined above serves to dismantle this dualism by presenting impairments as common human characteristics. It also challenges the dominant power relations characterising particular spaces. For example, *„bodily adjustments"* (like blindfolding) and the environmental barriers can disable the sighted people temporarily and in such situations visually impaired persons seem to be the *„more able"*. This is demonstrative of how spaces and bodies can be utilized for resistance and how oppressive power can be countered by appropriate strategies right at its operational sites.

CONCLUSIONS

In conclusion, the evidence provided by this paper seems to support the main argument: the body has key importance in the socio-spatial oppression and resistance of disabled people in Hungary. The concepts of embodiment and disablement have helped to broaden the knowledge on the spatiality of impairment, disability and the disabling social processes and practices, since structural factors (e.g. capitalist mode of production) and the role of agency (e.g. personal experiences, resistance) are both taken into consideration. Moreover, these concepts concern with the relation of power and resistance; and the dual nature of the human body as an entity situated materially as well as discursively. The experiences of the interview partners are similar in many respects to those of the disabled people from other Western contexts. Their bodies become sites of oppression, regulation and control as they encounter different spaces in the urban area of Békéscsaba. Such experiences are the results of the interaction between their changed/changing bodies and the ableist power relations operating in different spaces. These experiences have remarkable effects on these people's self-esteem and identities as well. Various outcomes are possible, but it is clear that people can reconceptualise their own subjectivity from their bodies and develop positive disability-related identities, in which development enabling and empowering environments have a great role. During this process, impaired people can also recognize that it is the environment which handicaps them, not their own bodily status. This recognition can prove to be the basis of personal and collective political action. As a result of these actions, not only the disabled persons' bodies and their own places (home, clubhouse) but other people's (*„able"*) bodies and normalising spaces (e.g. school) can become sites of resistance.

The findings of the study have the following implications for scholars and policy-makers. The paper demonstrated that the body and embodied concepts of disability are effective research tools. Moreover, social scientists can support the struggle of disabled people inside an outside the academia. For instance, with cooperation between disabled people, their organisations and scholars, a more critical theorisation of oppression and resistance will be possible. Moreover, by putting such *„dirty topics"* on the agenda (Longhurst, 1997), scholars can transform the normalising spaces of (higher) education into spaces where difference and diversity are respected and celebrated. Communication with policy-makers is crucial as well. Accessibility for many people basically means physical accessibility. But as this paper has also revealed, inaccessibility and exclusion of disabled people are more complex phenomena. Emphasis should be shifted from pure technocratic and engineer viewpoints to combinations with more *„soft"* solutions, and in the combined approaches, to

[2] *bekesmegye.com*

social sciences should be given greater role. This study is also partial, since it cannot discuss comprehensively the potentials of critical social theories on the body. However, the author of this paper hopes that the research findings will be helpful in creating more accessible cities and a more just society.

Acknowledgements

The author would like to thank the participants who shared their experiences and helped the investigations. Thanks as well to the Association of the Blind and the Visually Impaired of Békés County and the Nursing and Caring Home for Handicapped Children of Békés County for their assistance in recruiting interview partners and for providing locations for the conversations.

The publication is supported by the European Union and co-funded by the European Social Fund. Project title: *„Broadening the knowledge base and supporting the long term professional sustainability of the Research University Centre of Excellence at the University of Szeged by ensuring the rising generation of excellent scientists"*. Project number: TÁMOP-4.2.2/B-10/1-2010-0012.

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